DOCUMENT RESUME

ED 221 274 PS 013 044

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TITLE Chapter 766 Mandated Kindergarten Screening: Educational Planning for Children at Risk.
PUB DATE 81
NOTE 11p.; Paper presented at the Annual Spring Conference of the New England Educational Research Organization, Inc. (Lenox, MA, April 29-May 1, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *High Risk Persons; Incidence; *Intervention; *Kindergarten Children; Primary Education; Program Effectiveness; *Remedial Instruction; *Screening Tests; State Programs
IDENTIFIERS Chapter 766 (Massachusetts); Elementary Secondary Education Act Title I

ABSTRACT

Briefly described in this paper are the screening process and intervention strategies used by the Quincy, Massachusetts, public school system since 1977 to identify children at risk for school failure due to special needs. Mention is made of a current longitudinal follow-up study designed to assess the usefulness and accuracy of the risk categories in the screening process and the effectiveness of intervention strategies. The low incidence of high- and moderate-risk students is said to be due to two preschool programs: the Chapter 766 preschool program and the Title I Early Childhood Program. (RH)

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CHAPTER 766 MANDATED KINDERGARTEN SCREENING: EDUCATIONAL PLANNING FOR CHILDREN AT RISK

by

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PS013044

Prepared for presentation at the Annual Spring Conference of the New England Educational Research Organization, Inc., in Lenox, MA. (April 29 - May 1, 1981).

The Quincy Public School system is committed to providing entering kindergarten children with the best possible opportunities for unique and special learning experiences. At this important juncture we make every effort to identify those children who are at risk in order to provide them with the kinds of experiences and services that will lead to further educational, social and emotional growth. A review of the literature (American Journal of Orthopsychiatry, 1978), however, makes us aware of the double-edged sword of early identification and labeling. Thus, while we recognize the importance of early identification of children with special educational needs, at the same time we guard against the negative effects of false and premature labeling. The paper summarizes our continuing efforts (Anderson, Hunt, and Griffin, 1977; Anderson, Griffin, and Hunt, 1978) to sharpen our skills in identifying children at risk and our refinement of intervention strategies for meeting their special needs.

Legislation passed in recent years has mandated that local school systems conduct screening programs for children entering kindergarten. In Massachusetts "Regulations for the Implementation of Chapter 766 of the Acts of 1972: The Comprehensive Special Education Law" became effective in 1974 and became a model for federal legislation (P.L. 94-142) which was implemented in 1978. Section 306 of the Chapter 766 Regulations describes the kindergarten procedure as follows:

> Each school committee shall conduct a screening program for all children who are of age to enter kindergarten in September of each year. Such screening program shall be completed no later than October 31 of each eyar...Such screening program shall be designed and conducted in such a manner as to provide a nonintensive scan of all children of kindergarten age being screened for purposes of identifying those children of kindergarten age who should be referred for evaluation.

This legislation provided an opportunity for the staff of the Quincy Public Schools to screen an average of 750 children each year before kindergarten entrance and to identify those children at risk. The mandate provided an unparalled opportunity to identify risk and vulnerability in children before they enter school and to design intervention and follow-up strategies as appropriate (Reinherz and Griffin, 1977).

A multifaceted screening approach was used in order to best identify children at risk. Consistent with the law, the kindergarten entry screening included the following: parent interview, comprehensive health assessment, vision and hearing tests, and screening of the child's visual, auditory, motor and language functioning.

This paper describes the screening approach and subsequent intervention strategies implemented in our system since 1977 in an effort not only to fulfill the legal mandate but to set the stage for follow-up research that will ultimately assist us in designing programs geared to primary prevention (Rolf and Hasazi, 1977).

SCREENING PROCESS

A Kindergarten Screening Committee was given the responsibility of devising and implementing a nonintensive screening process consistent with Chapter 766 regulations. The team, consiting of the Coordinator of Health Services, Coordinator of Elementary Guidance, one speech, hearing and language therapist, one special needs teacher, one kindergarten teacher and one principal conferred regularly with the Director of Pupil Personnel Services, the Coordinator of Elementary Education, the Coordinator of Special Education and kindergarten teachers.

The basic procedures, which have remained essentially the same for the past four years, are as follows:

1. In April, the parents of all children scheduled to enroll in kindergarten in the fall register them at the local elementary school. At that time, they are given an appointment for the kindergarten screening. Parents are also given a notice describing the vision and hearing testing, with suggestions as to how they may help their child prepare for this experience.
2. For each school, the implementation of the screening process is the responsibility of the principal and the Pupil Personnel Services Team (i.e., guidance counselor, psychologist, special needs teacher, speech, hearing and language therapist and school nurse, in collaboration with the kindergarten teacher).
3. Every effort was made to make the screening p ocess a positive one for the children and parents. Children were given brightly colored nametags, juice and cookies.
4. The following assessments were conducted:

   Vision and hearing--The school nurse evaluated the child's vision and hearing in tests that were administered in 15 minutes.

   Parent questionnaire--A parent questionnaire requiring 15 minutes for completion was filled out by the parent, with support and assistance from the guidance counselor. The questionnaire, developed by Helen Reinherz (Reinherz et al. 1977), included a brief history of the mother's pregnancy and delivery, history of the child's illnesses, hospitalizations and accidents, early childhood development and, finally, a behavior checklist developed by Dr. Reinherz.

Hainsworth Pre-School Screening System--This brief, individually administered screening test of learning efficiency, designed to predict special needs in children in preschool and kindergarten (Hainsworth and Hainsworth 1974), was administered by the special needs teacher or speech therapist in a 20 or 30 minute session. This test was originally administered in the spring, but due to the large numbers of "false positives" obtained, the test is now administered in the fall, allowing each youngster several additional months of maturation.

Comprehensive physical examination--This evaluation was completed by the child's own physician or the school physician.

5. At the completion of the screening process, the Pupil Personnel Services Team in each school met to review the data and to determine the number of children at risk.

SCREENING RESULTS

Between September 1977 and September 1980 a total of approximately 3000 prekindergarten children have been screened and three categories of "at risk" were identified. Category I, designated "high risk", included children determined to be in need of immediate attention. Category II, designated "moderate risk", included those students who fell more than five points below the cut-off scores on the Hainsworth test. Finally, Category III, "low risk", included those students who failed the Hainsworth by fewer than five points. High risk children received immediate attention. Moderate risk children were considered for additional diagnostic evaluations including a possible TEAM evaluation. Low risk students were monitored by teachers and staff during the first few months of kindergarten to ensure that their progress was adequate.

During the past four years, an average of 750 pre-kindergarten students have been screened each year (See Table I). Of this total, less than 1% (average 5 per year) have been identified as high risk. An average of 7% (average 50 per year) fall into the moderate risk category, and another 8% (average 56 per year) fall in the low risk category. The total number of students in high or moderate risk categories is 7.3%, or slightly lower than national surveys of children at risk (Wolman, 1972). This low figure for high risk is due in large measure to two programs in our system for pre-school children: The Chapter 766 Pre-School Program and the Title I Early Childhood Program. These programs identify high risk children prior to their entry into kindergarten and begin the remediation of their difficulties.

TABLE I

Year	# Screened	High Risk Category I	Moderate Risk Category II	Low Risk Category III	Total
1977	824	10	43	45	98
1978	721	4	59	77	140
1979	771	4	43	45	92
1980	685	2	53	57	112
Total	3,001	20 (.7%)	198 (6.6%)	224 (7.5%)	442 (14.7%)

At the time of the initial kindergarten screening in May, the high risk children are identified through (1) a check-list of behaviors completed by the school nurse, (2) their performance on the vision and hearing tests, and (3) their observed interaction with their parent(s) and with school personnel, and (4) information provided the guidance counselor by the parent at the time of the screening through the completion of the parent questionnaire.

Children determined to be at greatest risk are given immediate attention which begins with parent conference and appropriate follow-up. These children often evidence serious medical problems which require extensive evaluations, and/or demonstrate serious impairment in speech and language areas and/or emotional difficulties. Many of these children are referred to the Chapter 766 Pre-School Special Needs Program or the Title I Early Childhood Program for remediation prior to their kindergarten experience. All other children screened begin kindergarten in the fall and are administered the Hainsworth Test before October 31. Moderate risk and low risk students are identified on the basis of their performance on this screening instrument.

SUMMARY

The screening battery developed appears to be an effective, comprehensive screening approach which is relatively simple, efficient and economical. In addition to looking for a screening battery that does not falsely label children, we are also concerned that it be comprehensive enough so that we do not miss large numbers of children who should be identified. A survey conducted two years ago of kindergarten teachers in 21 elementary schools,

indicated that of 790 youngsters screened the previous spring, 20 who were not identified in any of our at risk categories were now seen as having difficulties which place them at risk. This finding indicates that our screening instruments failed to identify less than 3% of the children screened.

The process outlined and the data presented in this paper reflect our efforts each year to go beyond the mandates for kindergarten screening. Each year we identify children at risk and attempt to address their needs. While such an approach is in itself of value, we recognize that the most critical aspect of a project such as this is a longitudinal study which would provide follow-up data on these children several years beyond their kindergarten entry. This would make it possible for us to assess the usefulness and the accuracy of our at risk categories and the effectiveness of our remediation strategies. Such a study is underway. The Quincy Public Schools is collaborating with Simmons College School of Social Work in a NIMH-sponsored study entitled "Identifying Pre-School Children at Risk"*. Longitudinal data is being collected on children identified in our original study of entering kindergarten children in 1977. These students are currently in the third grade, and they, their parents, and teachers are participating in a follow-up study of students who leave our Chapter 766 Pre-School Special Needs Program to enter regular or substantially separate classrooms, again with the goal of assessing their adjustment and progress, and with the expectation of learning more about the successfulness of our early intervention efforts.

* NIMH Grant No. 1 R01 MH 27458

Providing the best possible educational experience for children entering school will continue to be the goal of the Quincy Public Schools. Therefore, we will continue our efforts to identify and plan for the educational and emotional needs of the students in our care.

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